CLAIMANT CONTACT INFORMATION

Name: hery Walkowiak Address: 7348 50 74th Sheet Email: chery I Walkowiak @aol con
INSTRUCTIONS Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.
NOTICE OF CLAIM
Date of incident: Oct 12 m 2022 Time of day: Between 12 PM - 1 PM Location: 2346 50944 Street
Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances. Alexander Walkowiak was in the house 4/4-3064438.
On Oct 12th, 3000 a tornado Knocked down 3 thees onto my front lawn damaging my roof and 2 windows.
See enclosed pictures. The tree with the black
See enclosed pictures. The tree with the black hollow strip is the one directly infront of my house
The picture of the leaf is what my three had been
dropping. The tree might be diseased & 1150 my
I did a home owners claim and my deductible was \$600.00. So that is what I am asking for in damages. Also new concrete between sidewalk and street + reseal
\$600,00. So Mad is what I am Side to IV and street & research
HISO NEW CONCIETE OFFICER STATE OF THE
area where tree was in Spring. I enclosed homeowners Statement and my receipts. Thankyon, Chergwalhowich Check one:
Check one:
I am seeking damages at this time (complete Claim Amount section below)
I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.
Signed: Chel Welhowish Date: Dec 13 , 200
CLAIM AMOUNT To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.
The total amount sought is: \$
SAVE

ITY OF WEST ALLIS 12 DEC '22 PM1:29 LUHMANS GLASS CO 7533 W NATIONAL AVE WEST ALLIS WI 53214 (414) 258-9830

Merchant II: 0451 Term H. 0101

Store II: 4327 Ref II: 0001

Sale

XXXXXXXXXXXXX4880

VISA

Entry Method: Chip

Total: \$

103.39

10/15/22

10:30:36

Inv #: 000001

Appr Code: 01108C

Transaction ID: 462288558362075 Apprvd: Online

Batch#: 000181

CAPITAL ONE VISA AID: A0000000031010 ISI: E800 IVR: 0080000000

Customer Copy

HIANK YOU

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W. National Ave. 6. WISCONSIN 53214	L	rel
-9830 Fox (414) 258-9	1863	and the second second

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N ACCT. MDSE. RE		DUNT

TAX TOTAL

RECEIVED BY

All claims and returned goods MUST be accompanied by this bill.

Thank You!

PRODUCT 2531



Allstate Insurance Company

P.O. Box 660636 Dallas, TX 75266 Fax: 866-447-4293 www.myclaim.com

Insured:

CHERYL WALKOWIAK

Property:

2346 S 74TH ST

MILWAUKEE, WI 53219-1839

Home:

2346 S 74TH ST

MILWAUKEE, WI 53219-1839

Claim Rep.:

Barbara Zulauf

Business:

PO Box 672041

Dallas, TX 75267

Estimator:

Barbara Zulauf

Business:

PO Box 672041

Dallas, TX 75267

Business:

(877) 447-9386 x 1117243

(877) 447-9386 x 1117243

CHERYLWALKOWIAK@AOL.

E-mail:

Business:

E-mail:

Home:

E-mail:

bzula@allstate.com

bzula@allstate.com

(414) 852-0706

COM

Claim I umber: 0688513290

Policy I umber: 000962303747

Type of Loss: Windstorm and Hail

Insurance Company: Allstate Vehicle and Property Insurance Company

Date Contacted:

10/22/2022 9:22 AM

Date of Loss: Date Inspected:

10/12/2022 12:30 PM

Date Received:

10/13/2022 7:13 PM

Date Entered:

10/22/2022 6:56 AM

Date Est. Completed:

10/22/2022 3:32 PM

Price List:

WIMW8X OCT22

Restoration/Service/Remodel

Estimate:

CHERYL_WALKOWIAK

Allstate is dedicated to providing you with outstanding service throughout the claim-handling process. If you have any questions regarding this estimate, or if there are differences with the estimate provided by your repair person of choice, or if additional damage is found during the repair process, please contact us at (877) 447-9386 x 1117243. Thank you,

Barbara Zulauf



Allstate Insurance Company

P.O. Box 660636 Dallas, TX 75266 Fax: 866-447-4293 www.myclaim.com

Total: Source - EagleView Roof

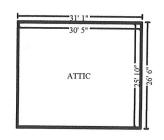
1,063.62

0.00

1,063.62

SKETCH3

Main Level



ATTIC 900.00 SF Walls 1685.76 SF Walls & Ceiling

> 87.31 SY Flooring 112.50 LF Ceil. Perimeter

Height: 8'

785.76 SF Ceiling 785.76 SF Floor

112.50 LF Floor Perimeter

DESCRIPTIOI	QUAI TITY	UĮ IT	RCV	AGE/LIFE	coi p.	DEP %	DEPREC.	ACV
THERE ARE NO INTERIOR DAMAGES I	NOTICED AT THE INSP	ECTION			- Control of the Cont		The state of the s	-
Totals: ATTIC			0.00				0.00	0.00

Labor Minimums Applied

DESCRIPTIOĮ	QUAI TITY	UĮ IT	RCV	AGE/LIFE	COI D.	DEP %	DEPREC.	ACV
10. Roofing labor minimum* 11. Ornamental iron labor minimum	1.00 EA 1.00 EA	598.02 177.54	598.02 177.54	0/NA 0/NA	U	0% 0%	(0.00) (0.00)	598.02 177.54
Totals: Labor Minimums Applied			775.56				0.00	775.56
Line Item Totals: CHERYL_WALKOWIAK			1,839.18				0.00	1,839.18

^{[%] -} Indicates that depreciate by percent was used for this item

Grand Total Areas:

785.76	SF Walls SF Floor SF Long Wall	87.31	SF Ceiling SY Flooring SF Short Wall	112.50	SF Walls and Ceiling LF Floor Perimeter LF Ceil. Perimeter
	Floor Area Exterior Wall Area		Total Area Exterior Perimeter of Walls	900.00	Interior Wall Area
	Surface Area Total Ridge Length KOWIAK		Number of Squares Total Hip Length	4.00	Total Perimeter Length

11/8/2022

Page: 3

[[]M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item

Allstate, You're in good hands.

Allstate Insurance Company

P.O. Box 660636 Dallas, TX 75266 Fax: 866-447-4293 www.myclaim.com

The suggestions above are provided only for your consideration. They in no way supplement, alter or modify your existing coverage. Your insurance policy is the legal contract that contains the terms and limitations of your coverage.

If you have any concerns about the grade of flooring on your estimate, you may take advantage of a free service that will provide you with a more specific analysis. To use this option, please keep a 12" x 12" sample of your damaged flooring, and notify your Allstate adjuster that you would like the additional analysis.

INVOICE

Rescue My Roof Inc 4561 N 124th St Butler, WI 53007 (262) 330-6050

Sales Representative

Greg Lopez (262) 263-2567

greg@rescue-my-roof.com



Cheryl Walkowiak 2346 S 74th Street West Allis, WI 53219



Invoice #

I-2432

Date

11/9/2022

Amount Due

\$0.00

Due Date

Due on Receipt

Item

Description

Roof Repair

Replace damaged shingles on house as needed

Remove and replace ridge

Remove and replace ridge caps on house as needed

PAYMENT OPTIONS

 We accept credit cards, cash, or check. Payment is due upon completion of job.

A 3% merchant fee will be added to total if paying with a credit card

A 5% late fee will be applied after 15 days.

Sub Total

\$750.00

Total

\$750.00

Payment 11/9/2022

\$750.00

Amount Paid

\$750.00

Balance Due

\$0.00

SPECIAL INSTRUCTIONS

On behalf of all of us here at Rescue My Roof, we thank you for your business!











